



11-28-03

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File No. SEVR111STWP

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service on <u>11/26/03</u> , as Certified Mail Post Office to Addressee, mailing label number <u>EL98731922845</u> addressed to the Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
By: <u>Amanda Hillsman</u>	Date: <u>11/26/03</u>
Amanda Hillsman	Date

November 26, 2003

MAIL STOP -FEE

Commissioner of Patents:

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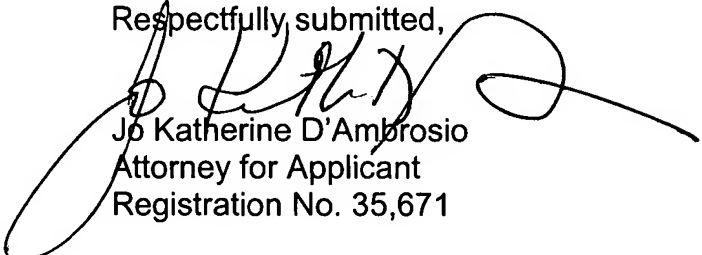
Re: Application of Severn Trent Services-Water Purification, Inc., Serial No. 10/690,375, Method and System for Producing a Disinfecting Solution.

Dear Sir:

Enclosed for filing in connection with the captioned applications are the following:

1. Declaration and Power of Attorney,
2. A check in the amount of \$130.00 for the late filing of the declaration, and
3. Return receipt post card.

Respectfully submitted,


Jo Katherine D'Ambrosio
Attorney for Applicant
Registration No. 35,671

Enclosure

12/03/2003 MBERHE 00000025 10690375

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130.00 0P



DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD OF PRODUCING A DISINFECTION SOLUTION.

☒ is attached hereto.
☐ was filed on: _____ as Application Serial No. _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S):

<u>Priority Claimed</u>	<u>Number</u>	<u>Country</u>	<u>Date Filed</u>
No			
No			

I hereby claim the benefit under Title 35, United States Code, §120 of any United States Application(s) listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>60/419,827</u> (Application Serial No.)	<u>10/21/2002</u> (Filing Date)	<u>ACTIVE</u> (Status)
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I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, with full power of substitution and revocation:

<u>Name</u>	<u>Registration No.</u>	<u>Address Telephone Calls and Correspondence to:</u>
Jo Katherine D'Ambrosio	35,671	Jo Katherine D'Ambrosio
Elizabeth Hall	37,344	D'Ambrosio & Associates 10260 Westheimer Road, Suite 455 Houston, Texas 77042 (713) 975-0800 Fax: (713) 975-0995

I hereby declare that all statements made of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. INVENTOR'S

FULL NAME: Harold E. Childers II

INVENTOR'S SIGNATURE: _____ Date: _____

CITIZENSHIP: United States

RESIDENCE ADDRESS: 7519 Barborton

Houston, Texas 77036

POST OFFICE ADDRESS:

INVENTOR'S FULL NAME: Rudolf Matousek

INVENTOR'S SIGNATURE: _____ Date: _____

CITIZENSHIP: United States

RESIDENCE ADDRESS: 1110 Industrial Blvd.

Sugarland, Texas 77478

POST OFFICE ADDRESS:

ADDITIONAL JOINT INVENTOR(S) LISTED ON ATTACHED SHEET: ☒ Yes ☐ No

INVENTOR'S FULL NAME: Brent Simmons

INVENTOR'S SIGNATURE: 

Date: 10-21-03

CITIZENSHIP: United States

RESIDENCE ADDRESS: 3700 Laquna Ave.

Palo Alto, California 94306

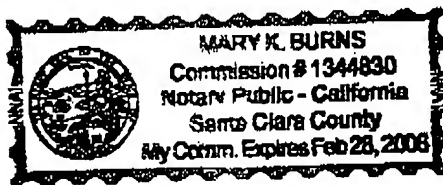
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NOTARY FORM**

ADDITIONAL JOINT INVENTOR(S) LISTED ON ATTACHED SHEET: ☐ Yes ☒ No

CALIFORNIA ALL-PURP SE ACKNOWLEDGMENT

State of California

County of Santa Clara } ss.On October 21, 2003 before me, Mary K Burns, Notary Public
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")personally appeared Brent Simmons
Name(s) of Signer(s)☐ personally known to me
☒ proved to me on the basis of satisfactory evidenceto be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Mary K Burns
Signature of Notary Public**OPTIONAL**

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached DocumentTitle or Type of Document: Declaration and Power of AttorneyDocument Date: 10/21/2003 Number of Pages: 2Signer(s) Other Than Named Above: none**Capacity(ies) Claimed by Signer**

Signer's Name: _____

- ☐ Individual
- ☐ Corporate Officer — Title(s): _____
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney-in-Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other: _____

Signer Is Representing: _____

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OF SIGNER
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